

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME <i>MS Department of Human Services, Division of Community Services</i>		CONTACT PERSON <i>Jessica Davis</i>	TELEPHONE NUMBER <i>601-359-4764</i>	
ADDRESS <i>750 North State Street</i>		CITY <i>Jackson</i>	STATE <i>MS</i>	ZIP <i>39202</i>
EMAIL <i>Jessica.davis@mdhs.ms.gov</i>	SUBMIT DATE <i>1/09/13</i>	Name or number of rule(s): <i>FY 2013 LIHEAP State Plan</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: MDHS DCS is filing its Low-Income Home Energy Assistance Program (LIHEAP) state plan in preparation of submission to the Department of Health and Human Services.

Specific legal authority authorizing the promulgation of rule: Miss Code Annotated 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: June 28, 2012 Time: 10:00 a.m. Place: Mississippi State Capital, 400 High Street, Room 113, Jackson, MS

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
 ____ Renewal of effectiveness
 To be in effect in ____ days
 Effective date:
 ____ Immediately upon filing
 ____ Other (specify): ____

PROPOSED ACTION ON RULES

Action proposed:
 ____ New rule(s)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
 Proposed final effective date:
 ____ 30 days after filing
 ____ Other (specify): ____

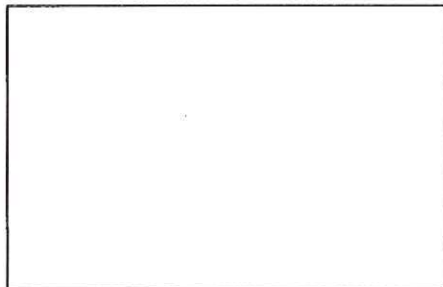
FINAL ACTION ON RULES

Date Proposed Rule Filed: 6/7/12
 Action taken:
☒ Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed
 Effective date:
☒ 30 days after filing
 ____ Other (specify): ____

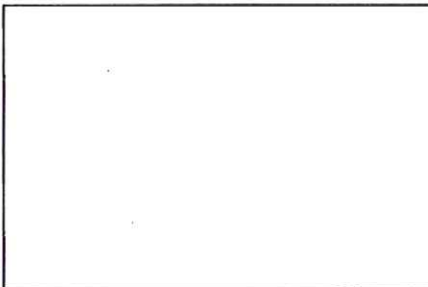
Printed name and Title of person authorized to file rules: Tina Ruffin, Deputy Director DCS

Signature of person authorized to file rules: *Tina Ruffin*

OFFICIAL FILING STAMP



Accepted for filing by

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

Accepted for filing by

OFFICIAL FILING STAMP



Accepted for filing by *[Signature]*

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.